



## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

October 15, 2001

### **S. 1274**

### **Stroke Treatment and Ongoing Prevention Act of 2001**

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions  
on August 1, 2001*

#### **SUMMARY**

S. 1274 would amend the Public Health Service Act to authorize the Secretary of Health and Human Services (HHS) to engage in a number of new activities to inform the public about the symptoms of stroke, and to improve systems of stroke care in order to give health professionals the equipment and training they need to treat this disorder.

S. 1274 would authorize specific sums for fiscal years 2002 through 2006 for grant programs to states to implement systems of stroke care. In addition, the bill would authorize \$40 million in fiscal year 2002 and such sums as may be necessary in 2003 through 2006 for a national stroke education and prevention campaign. Finally, S. 1274 would authorize such sums as may be necessary for the establishment of a national acute stroke registry and clearinghouse and for medical professional development in advanced stroke treatment and prevention in fiscal years 2002 through 2006.

Assuming the appropriation of the necessary amounts, and including adjustments for anticipated inflation, CBO estimates that implementing S. 1274 would cost \$47 million in 2002 and \$594 million over the 2002-2006 period. Without inflation adjustments, the five-year total would be \$584 million. Enacting S. 1274 would not affect direct spending or receipts; therefore, pay-as-you-go procedures would not apply.

S. 1274 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA). However the bill would provide funding to public and nonprofit private entities for programs related to stroke care.

## ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1274 is shown in Table 1. For this estimate, CBO assumes that the bill will be enacted this fall and that the authorized and estimated amounts will be appropriated each year. Table 1 summarizes the budgetary impact of the legislation under two different sets of assumptions. The first set of assumptions provides the estimated levels of authorizations with annual adjustments for anticipated inflation. The second set does not include any such inflation adjustments. The costs of this legislation fall within budget function 550 (health).

**Table 1. Summary of Estimated Costs of S. 1274**

	By Fiscal Year, in Millions of Dollars				
	2002	2003	2004	2005	2006
<b>CHANGES IN SPENDING SUBJECT TO APPROPRIATION</b>					
<b>With Adjustments for Inflation</b>					
Estimated Authorization Level	112	138	140	166	192
Estimated Outlays	47	104	124	147	171
<b>Without Adjustments for Inflation</b>					
Estimated Authorization Level	112	137	137	162	187
Estimated Outlays	47	103	123	144	167

## BASIS OF ESTIMATE

S. 1274 would direct the Secretary of HHS to engage in a number of activities related to the treatment and prevention of stroke. Table 2 details estimated authorization levels (adjusted for inflation) for the four programs authorized under the bill.

The bill would direct the Secretary to conduct a national media campaign to promote stroke prevention and increase the number of stroke patients who seek immediate treatment. The bill would authorize \$40 million in fiscal year 2002 and such sums as may be necessary in fiscal years 2003 through 2006 for such purposes. If the necessary sums are appropriated, CBO estimates that this provision would cost \$172 million over the 2002-2006 period.

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**Table 2. Estimated Authorization Levels for S. 1274 (Assuming annual adjustments for inflation)**

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	By Fiscal Year, in Millions of Dollars				
	2002	2003	2004	2005	2006
<b>ESTIMATED AUTHORIZATION LEVEL</b>					
Stroke Prevention and Education Campaign	40	41	42	43	43
Paul Coverdell National Acute Stroke Registry and Clearinghouse	12	12	13	13	13
Grants to States	50	75	75	100	125
Medical Professional Development in Advanced Stroke Treatment and Prevention	<u>10</u>	<u>10</u>	<u>10</u>	<u>11</u>	<u>11</u>
Total	112	138	140	166	192

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The bill also would direct the Secretary to establish and maintain the Paul Coverdell National Acute Stroke Registry and Clearinghouse, which would collect data on the care of stroke patients and assist in the development of more effective treatments. The bill would authorize such sums as may be necessary for fiscal years 2002 through 2006 for this provision. If the necessary sums are appropriated, CBO estimates that establishment of the registry and clearinghouse would cost \$52 million over the 2002-2006 period.

The bill also would establish a grant program for states to implement systems of stroke care and train health care professionals in the prevention and treatment of stroke. The bill specifies the sums to be appropriated in each of fiscal years 2002 through 2006, for a five-year total of \$425 million. CBO estimates that outlays from those grants would total \$328 million over the 2002-2006 period.

The bill also would direct the Secretary to make grants to public and nonprofit private entities for the development and implementation of continuing education programs for medical professionals in the use of newly developed approaches for the prevention and treatment of stroke. The bill would authorize such sums as may be necessary for fiscal years 2002 through 2006 for this provision. If the necessary sums are appropriated, CBO estimates that such programs would cost \$43 million over the 2002-2006 period.

CBO estimates the necessary amounts for these programs would total \$112 million in 2002 and \$748 million over the 2002-2006 period. Based on spending patterns for similar

programs, CBO estimates that outlays for these programs would total \$47 million in 2002 and \$594 million over the 2002-2006 period.

**PAY-AS-YOU-GO CONSIDERATIONS:** None.

### **ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS**

S. 1274 contains no intergovernmental mandates as defined in UMRA. The bill would authorize \$425 million in state grants for stroke prevention, treatment, and rehabilitation systems over the 2002-2006 period. To be eligible for the grants, states would have to develop a statewide stroke care system that provides stroke treatment in accordance with federally established standards. After the first year of the grants, states would have to provide matching support for the program, either as in-kind contributions or as cash funding: one-quarter of the program's funding in years two and three; one-third in year four; and, one-half in subsequent years. States also would be eligible for planning grants that would not have matching requirements.

### **ESTIMATED IMPACT ON THE PRIVATE SECTOR**

S. 1274 contains no private-sector mandates as defined in UMRA.

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